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Bib Data Sheet

CONFIRMATION NO. 7144

SERIAL NUMBER 10/783,907	FILING DATE 02/20/2004  RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 4355
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none R.S*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none R.S*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/14/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NV	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
Verified and Acknowledged	<i>Robert L. L. to RGS</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Mattress with transparent cover

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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